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ABSTRACT

Nursing education and requirements for nursing licensure and practice in Maine were assessed by a state task force. The purpose of the task force was to explore the resources available in Maine, document changes needed in educational standards for nursing licensure, establish competencies that are necessary to meet current and future health care needs, and determine what legal changes might be needed to raise educational standards for licensure. Six regional forums were attended by nurses and the public. Recommendations of the task force included: two levels of licensure, at the associate and bachelor's levels, should be defined by two sets of competencies; future licensure exams should test the competencies; and a system should be developed by schools to enhance educational mobility in nursing. Recommendations and interim reports of the following task force committees are presented: the Baccalaureate Committee, the Competencies and Titling Committee, the Licensing and Credentialing Committee, the Career Mobility Committee, the Legislation and Lobbying Committee, and the Public Relations and Press Committee. A summary of the regional forums is included, along with a list of task force members, the organization they represent, and their task force committee assignment. (SW)

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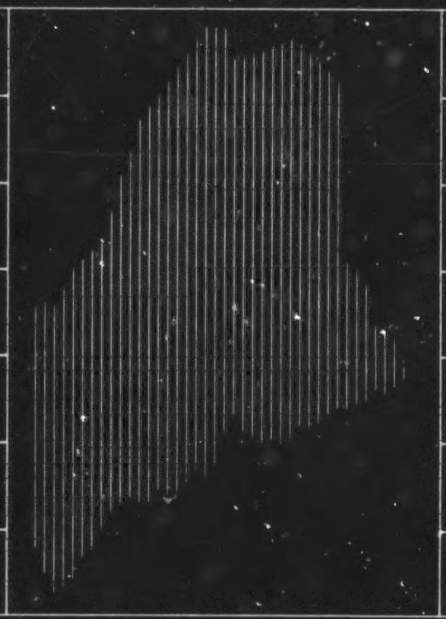

Report of the Statewide Task Force On Entry Into Nursing Practice

HE017 979

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STATEWIDE TASK FORCE ON ENTRY

INTO

NURSING PRACTICE

March 1984 to October 1984

Funded by a grant from the American Nurses' Association

INTRODUCTION

Nurses comprise the largest portion of the nation's health care workers and are a major national health resource. The need for nursing care is universal. ".... the availability of effective nursing care in a country is a principal measure of its potential advancement in health. Modern nursing is essential not only to hasten the recovery of sick people, but also to provide people with knowledge that will improve their health and productivity."[1]

Many forces have been impacting on nursing to change and to expand its role in health care which necessitate a change in basic nursing education. This introduction describes the primary forces felt by nurses in service and education in the State of Maine.

First, there has been a tremendous growth in both scientific and psychosocial knowledge. Nurses must be able to synthesize knowledge from various related desciplines, further develop nursing theory, and bring quality care to patients who reside in a variety of settings and who often present multiple nursing needs. Disease and injury frequently produce dyfunction in a wide variety of bodily systems, all of which require treatment. Nursing is not only a technical practice, but is also an intellectual endeavor that requires a strong foundation in the arts and sciences. Basic to effective nursing practice are such skills as comprehensive physical assessment, data collection, interpersonal and group relations, and the clinical application of bio-medical technology.

Second, changes in modern technology have enabled medical treatment of conditions and illnesses that only a short time ago would have resulted in death for many people. Open heart surgery, renal dialysis, transplant surgery, neonatal care and

many other advances have lessened disability and extended life. This has resulted in a much more complex and acute level of care being provided by nurses. Technology has also brought care previously known only in structured hospital settings to a variety of community settings, including the patient's own home. Nurses capable of providing skilled care in both structured and non-structured settings and incorporating the family and community into the care of the patient will be needed in increasing numbers.

Third, the cost of medical care has escalated beyond most expectations, resulting in health care becoming one of the nation's largest and fastest growing industries-- 10.5% of the gross national product in 1982.[2] Many studies done over the past ten years have documented the cost-effectiveness of skilled nursing in a variety of different settings.[3,4,5] Clinical nurse specialists, nurse practitioners and nurse midwives have repeatedly demonstrated their ability to deliver safe, cost - effective care. Use of nursing specialists has brought care to traditionally underserved rural and inner city areas; has reduced hospitalization frequency and length of stay; and has increased compliance with medical regimes. Nurses are frequently the preferred providers in ambulatory settings, childbirth centers, and in the treatment of chronic illnesses.

The prospective payment system recently begun by Medicare and the state of Maine's hospital cost containment program necessitate the provision of skilled bedside care with detailed attention to patient teaching and discharge planning so that the length of hospital stays can be reduced and readmissions kept to a minimum.

Nursing in the community -- in the home, in the place of work, in the school, or in ambulatory centers -- has been shown to be a cost-effective alternative to institutional care. This

is demonstrated by the recent growth in home care utilization.

Fourth, nurses are frequently involved in independent decision making incorporating both the assessment and delivery of care as well as the ethical decisions that are often encountered in health care delivery. Documentation, communication and evaluation are vital components of the practice of nursing. Nurses are directly responsible and accountable for their decisions in the quality of nursing care rendered. Decisions must be based on sound scientific knowledge.

Fifth, the demand for nurses in leadership and research roles is great but the supply minimal. In 1980, only 5% of all nurses nationally held master's or doctoral degrees in nursing or related fields.[6] Yet in our multimillion dollar health care industry, nurses hold important managerial positions, supervising large numbers of personnel, formulating patient care policies and administering complex budgets. In general the preparation of nursing educators compares very unfavorably with other educators in colleges and universities. Nursing research is engaged in by even fewer nurses. Yet, the federal government is the primary funding source for nursing research because it is so important to the improvement of patient care and the conservation of financial resources. The establishment of an Institute of Nursing Research has been suggested in an effort to encourage nurses to pursue research directly applicable to patient care. Increasingly nurses are being utilized in expanded roles of health care, particularly that of the nurse practitioner. While the actual number of nurses entering clinical specialty areas has increased, their relative proportion in the nurse population has changed little. In order to meet the health care system's need for RNs with advanced education and skills there must be a sufficient pool of nurses with baccalaureate degrees in nursing eligible to enter higher education.

Sixth, a more prevention-focused system of health care is seen by the federal government and private insurers as a vital step in curtailing the spiraling health care costs. Health promotion, prevention of illness and injury, health teaching, counseling and wellness programs have long been a major force of professional nursing. An increasingly educated public is not only making this possible; it is demanding that it be provided. "Thus, it can be anticipated that even greater complexities of health care will occur in the future, and the American people will require, perhaps demand, the services of knowledgeable nurses who are not only well prepared but highly skilled in organizing new and accountable patterns of nursing care. Will nursing be ready to meet that challenge?"[7]

The Statewide Task Force on Entry into Nursing Practice has studied the issues and developed a set of recommendations to insure that nursing in Maine will continue to meet the challenges of the future. Upgrading educational requirements for entry into nursing practice will assure Maine citizens that they will continue to receive the highly skilled, quality nursing care they require in a variety of settings.

SUMMARY AND RECOMMENDATIONS

In light of the increasing responsibilities of nursing, the need to control health care costs and the need for more appropriately prepared nurses in leadership positions, the Maine State Nurses' Association sought grant funds to prepare for raising educational standards for licensure of nurses in Maine. The nursing profession, nationally as well as in Maine, has affirmed and reaffirmed the need for raising educational standards for entry into the profession for at least twenty years. This is consistent with Governor Brennan declaring education to be Maine's most important investment and the key to Maine's future.

Based on the quality of their grant proposals, the American Nurses' Association awarded funding to the states of Maine, Montana, North Dakota, and Oregon. To implement their grant, the Maine State Nurses' Association established the Statewide Task Force on Entry into Nursing Practice in March of 1984. This fifty-two member Task Force was chosen to represent the diverse interests and concerns of Maine's health community both from within the nursing profession and from without. Its purpose was to explore the resources that are now available in Maine, document any need for changes in educational standards for nursing licensure, establish competencies that are necessary to meet current and future health care needs, and determine what legal changes might be needed to raise educational standards for licensure.

In order to accomplish these far-reaching goals, six committees of the Task Force were established and given a major issue to study in order to formulate recommendations. Over the past six months these committees met frequently and spent long hours in both study and debate. Committee recommendations were developed, revised and restated after

presentation to the full membership of the Task Force on two different occasions. The final recommendations stated in this document reflect a large commitment of time and energy on the part of many people.

To aid the Task Force in its endeavors, the Commission on Nursing Education, of the Maine State Nurses' Association, conducted six regional forums. Throughout the months of April, May, and June, nurses and the public were invited to hear a presentation regarding the Task Force activities and to have an opportunity to make known their concerns and suggestions. These ideas and issues were transmitted to the committees and became the basis for portions of their reports and recommendations.

Legal consultation was also sought to establish what statutory changes, if any, would be needed to raise educational standards for licensure of future practitioners. This advice was incorporated into the recommendations from the Task Force subcommittee charged with the subject of legislative change.

In addition, the four funded states have kept in close contact with each other to share directions and progress. A concerted effort has been made to achieve consistency with polices being developed in other parts of the nation, as well as with the American Nurses' Association itself.

The Task Force on Entry into Nursing Practice recognizes the tremendous effort in recent years to advance nursing education and nursing practice in the state of Maine. Stemming from a statewide study of nursing done in 1970, new baccalaureate programs have opened in several areas of the state, upgrade programs have become more readily available for both LPNs and RNs, and educational

financial assistance programs have been expanded by many employers of nurses. It is clear, however, that Maine must continue in this progressive manner by heeding the advice of national nursing groups and independent study commissions to prepare nurses at levels that provide them with the skills and knowledge to practice within new patterns of health care.

Based on these considerations the Task Force recommends that:

1. By 1995 the educational requirements for two levels of licensure into nursing practice will be: a minimum of an associate degree in nursing for one level of licensure and a minimum of a bachelor's degree in nursing for the other level of licensure.

2. The two levels of licensure will retain the current titles of Licensed Practical Nurse and Registered Professional Nurse, subject to change by the decision of the American Nurses' Association House of Delegates in June 1985.

3. The two levels of nursing practice will be defined by two sets of competencies, jointly developed by nursing education and nursing service representatives. Maine State Nurses' Association will convene and fund a committee to develop a set of preliminary competencies for each level of nursing by 1986, and a final set of competencies by 1987. All interested nursing parties will be invited to supply representatives of their own choosing to participate with the development of these competencies.

4. The future licensure exams should test the comptencies specific to each level.

5. The National Council of State Boards of Nursing should develop exams as necessary to insure that minimum standards of safety and competencies appropriate to each level are examined.

6. A system be developed by educational institutions to enhance educational mobility in nursing.

7. Financial assistance, private, corporate, state and federal, be made more available to qualified students for nursing education at all levels.

8. Sections 2201(3) and 2251(4) of the Law Regulating the Practice of Nursing be amended to reflect the associate degree requirement for licensure as a practical nurse and the baccalaureate degree requirement for licensure as a registered nurse. In order to provide sufficient lead time to educational institutions to make any necessary changes in the curriculum prior to the implementation date of 1995, the statute should be amended in 1985, if feasible.

9. A grandfather clause be added to the Law Regulating the Practice of Nursing to insure that those licensed under the system in place prior to the effective date of change in educational requirements will retain their original Maine license after the effective date of change.

INDIVIDUAL COMMITTEE RECOMMENDATIONS

Baccalaureate as a Basis for Professional Nursing

The nine members of the Baccalaureate Committee were charged with looking at what a profession and a professional are; defining what level of education is needed for professional nursing; and describing the effects of a baccalaureate preparation on quality of patient care, health care costs, relationships with other professionals, personal development and the supply of candidates for graduate level education. To gather their information, they conducted an extensive review of the literature and interviewed two nursing leaders actively engaged in nursing service in Maine. The following is a review of their Summary and Recommendations:

I. Educational trends in society show that

——society at large is better-educated

——educational preparation of most professionals require at least a Master's degree

——there is a gradual increase in the number of B.S.N. graduates and a steady increase in the number of nurses returning to school beyond their basic education.

II. Professional nursing is increasingly recognized as having a social responsibility to serve society's interest in the area of health.

——society has a right to expect that the educational level of the professional nurse is at least at the level of other health professionals.

---the profession is obligated to develop standards for knowledge development in clinical nursing practice and theory.

---society has a right to expect quality patient care from nurses.

---focus on effective use of health care moneys necessitates the readiness of the staff nurse to participate in patient care decisions under the nurse administrator who is skilled in collaborating with hospital administrator and medical staff.

III. Advances in science and technology have brought about a change in nursing practice.

---a growing aged population with a wide range of intensity of care.

---increased number and variety of health care delivery settings beyond the traditional acute care hospital, e.g., home-health care; hospice; intermediate, extended, skilled, and other long-term care facilities. Because these settings provide less close direct supervision, they require a practitioner educationally prepared to function more independently in the community and collaboratively with other health professionals.

---a constantly expanding base of knowledge and scientific advancement that calls for a professional nurse who has the aptitude, interest, and knowledge to engage in research.

IV. Higher education, and nursing education in particular is entering a period in which resources will be more constrained than in the past.

——in the face of rising costs of education, students should,

1. be given adequate information about the changes occurring within the health care system as well as within the profession.

2. receive strong advisement and counseling regarding cost considerations as well as educational goals; considerations that carry long-term consequences for entry level and advanced practice in nursing.

——documentation provided through the several state forums indicated an urgent need for financial assistance to enable interested registered nurses to pursue their education and career goals.

Based on these summary statements, the committee believes that:

1. Nurses need a strong foundation in clinical nursing plus the science and humanities background to enable them to understand the technology they work with, the nursing process that guides them, and the complexity of the client they are educated to assist in the preservation, promotion, or provision of personal health needs.

2. In further recognition of the social responsibility of nursing to meet the clinical needs of clients,

provisions should be made in nursing education for baccalaureate students to develop both strong clinical skills and the intellectual ability to internalize the process of clinical decision-making so that the graduate is able to transfer hypothetical knowledge into specific clinical judgment, and is therefore competent to practice.

3. Consideration should be given to the use of joint appointments for nursing faculty/nursing service so that a teaching/practice/research environment is created where nursing theory and clinical practice can enrich each other for the mutual benefit of students, faculty, and patients.

Therefore, the committee recommends that:

1. baccalaureate education in nursing is the requirement for beginning professional practice

2. certification and/or masters education in nursing is a requirement for advanced practice

3. public and private institutions seek state and federal resources for nursing education to better meet the health needs of Maine people

4. a mode of nursing care delivery system be developed that takes into account recognition, retention and reward of the nurse in a position of direct clinical practice based on levels of proficiency and experience as well as education

Competencies and Titling

The nine members of the Competencies and Titling Committee were charged with defining what competencies, what accountability and what knowledge base a nurse prepared on a baccalaureate level should have and what title that nurse should hold. Likewise, they were charged with defining what competencies, what accountability and what knowledge base a nurse prepared without a baccalaureate degree should have and what title that nurse should hold. In preparing their own document, the committee members relied heavily on the competencies already developed by the American Nurses' Association, the National League for Nursing and the nurses' associations from Washington, Minnesota and New York. These guidelines were incorporated into their own views on competencies originating from their backgrounds in education and service. A complete list of the competencies developed by this committee can be found in Appendix Three.

Having spent considerable time discussing competency based education, the committee came to the unanimous decision that current titles for nurses should remain unchanged. The decision to continue the use of the current titles, Registered Professional Nurse (R.N.) and Licensed Practical Nurse (L.P.N.) was based on many reasons:

1. Since there currently exist two legal licenses for nursing practice, changes in educational requirements are simply an upgrading of the qualifications needed for licensure, not the creation of a whole new system.

2. The recommendation to retain the title of LPN is consistent with the content of the 1984 resolution by the National Federation of Licensed Practical

Nurses which calls for a minimum of an 18 month associate degree education for the preparation of practical nurses.

3. The recommendation is consistent with the legal advice given to the Cabinet on Nursing Education of the American Nurses' Association.

4. The recommendation is consistent with the direction that several other state nurses' associations are taking.

5. The titles are those with which the public is familiar.

6. Retention of current titles would make the change in future educational requirements less threatening to the currently licensed nurse.

7. Retention of current titles enhances career mobility in moving between states.

Licensing and Credentialing

The nine members of the Licensing and Credentialing Committee were charged with exploring the purpose and content of the current state board examinations to see what competencies they examined and what changes might be needed to clearly test the competencies of a baccalaureate prepared nurse and a non-baccalaureate prepared nurse. They were, in addition, to look at the process of credentialing -- how it is currently being used and how it is best used.

The members of this committee unanimously agreed on the following recommendations:

1. Future licensure exams be administered to nurses educated at one of the two levels:

   - the associate degree in nursing

   - the bachelor degree in nursing

2. After the effective date of new legislation, all graduates of nursing programs will sit for an examination that tests a common core of basic knowledge; and baccalaureate graduates in nursing will be required to complete additional testing, focused on nursing theory, community health nursing principles, leadership skills and research methodology.

3. The National Council of State Boards of Nursing should:

   - develop and use a test appropriate to examining the common core of nursing knowledge

- develop additional testing for the professional level of nursing

4. Maine State Board of Nusing should create and implement a mechanism to accommodate interstate mobility.

5. Individuals who hold a registered professional nurse license, whether active, inactive or lapsed, shall retain said license under a "Grandfathering" provision.

6. Individuals who hold a practical nurse license, whether active, inactive or lapsed, shall retain said license under a "Grandfathering" provision.

Career Mobility and Waiver Provisions

The eight member Career Mobility Committee was charged with examining what educational/career mobility opportunities are currently available in Maine and what immediate and long range changes might be made to make it more available. They also looked at how other professions handle their upgrading requirements and what financial resources are available within Maine to assist the nurse wishing to advance his/her education and thus, career options. The committee members discussed waivers and decided that this subject was not congruent with the rest of their charge and was more the prerogative of the Licensing and Credentialing Committee. They, therefore, chose to cease further discussion on waivers and concentrate on educational and career mobility.

Numerous references of narrative and statistical data were reviewed and the following conclusions were reached:

1. There has been an evolutionary progression of nursing education opportunities within the State over the last ten years, all of which are sound and in which we can take pride.

2. There is a perceived desire on the part of an unknown number of licensed nurses who wish to move upward to ADN or BSN level through formal education structures.

3. There must be opportunities for individual nurses to progress from one level of nursing practice to another. Flexible programs to accommodate the working nurse, and the nurse with family obligations are recommended.

4. There is expressed desire to have additional programs in underserved geographical locations, i.e., BSN program in area between Portland and Bangor; MSN program in Bangor area to accommodate central and northern Maine. It is felt that another MSN program will better prepare Maine nurses in nursing administration and will prepare nurse educators to deal with the demand for BSNs and continuing education.

5. There is a need to confirm the current educational opportunities for nursing education and to strengthen the programs already available.

6. Need to expand to present VTIs for upgrading programs from LPN to ADN.

7. There is some reservation about the availability of essential resources (finances for institution and students, qualified faculty, clinical student placement) and even students with the resources to enroll.

8. There is a general agreement that mistakes of the past are to be avoided and that any educational program established should meet state and national standards of excellence.

9. There should be some standardization of curriculum in various nursing programs to make the transferring of credits easier without sacrificing the individual uniqueness and quality of various nursing programs.

Legislation and Lobbying Plan

The six member Legislative Committee was charged with examining the current nurse practice act in Maine, exploring what changes the American Nurses' Association and other state nurses' associations have recommended, and defining what changes, if any, would be needed in the Law Regulating the Practice of Nursing in Maine, if educational qualifications were raised.

Committee members reviewed the material available from the national organizations as well as the specific advice from an attorney who researched Maine's statute.

The following changes would be needed in Maine's statute to accommodate a higher educational requirement than it now contains:

32 MRSA Sec. 2201(3)

> All applicants for professional nursing licensure must have completed a baccalaureate degree level program as approved by the Maine State Board of Nursing.

32 MRSA Sec. 2251(4)

> All applicants for practical nursing licensure must have completed an associate degree level program as approved by the Maine State Board of Nursing.

All current holders of practical nursing licenses and professional nurses are to retain their current status and be renewed as currently done.

All recognized agreements currently in force will be renewed by the State Board of Nursing on a regular basis.

Public Relations and Press

The eight member Public Relations and Press Committee was charged with exploring the possible use of M.S.N.A.'s audio-visual aid, working with the Commission on Nursing Education and their public forums, researching the most effective mechanisms for publicity and exploring the use of a Task Force logo.

The committee discussed the various target groups who need information on nursing and nursing education and what would be the best approach with each group. Three public relations projects were initiated by committee members:

1. A "nursing awareness" day at the Bangor Mall (this project was tabled due to lack of response).

2. Explored the possibility of airing a program with Mary Wescott of Kennebec Currents, an Augusta area cable TV program.

3. Developed the basis for a public relations brochure answering the most commonly raised questions about entry level changes.

FOOTNOTES

[1]The New Encyclopedia Britannica, Vol. 13, (Chicago: Encyclopedia Britannica, Inc., 1981), p.395.

[2]Linda H. Aiken, "Nursing's Future: Public Policies and Private Actions", American Journal of Nursing, (October 1983), p.1444.

[3]Claire M. Fagin, "The Economic Value of Nursing Research", American Journal of Nursing, (December 1982), pp.1844-1849.

[4]Judy Seamon, "NCNA Testifies on Cost-effectiveness of Nurses", Tar Heel Nurse, North Carolina Nurses' Association, (March-April 1984), pp.8-10.

[5]Division of Health Care Services, Institute of Medicine, Nursing and Nursing Education: Public Policies and Private Action, (Washington, D.C.: National Academy Press, 1983), pp.138-139, 171-181.

[6]Division of Health Care Services, Institute of Medicine, op. cit. p.36.

[7]Shirley H. Fondiller, The Entry Dilemma, (New York: National League for Nursing, 1980), p.117.

APPENDICES

APPENDIX ONE
SUMMARY OF THE REGIONAL FORUMS

Regional public forums were held in six locations throughout the state, attendance averaging 60 people per meeting.

Augusta, Oblate House - April 12, 1984

Bangor, First United Methodist Church - April 26, 1984

Portland, Woodford's Congregationalist Church - May 3, 1984

Auburn, St. Phillip's Church - May 10, 1984

Presque Isle, Northeastland Hotel - May 16, 1984

Machias, University of Maine - June 7, 1984

Detailed notes were taken at each meeting on the issues and suggestions raised and were transmitted to the committees both in itemized detail and in summary form. A list of the primary concerns raised at the forums are:

1. Economic costs of increasing educational requirements for nurses.

    a. Will it affect hospital costs; up, down, or remain the same?

    b. Will higher education mean increase in salaries? If so, will that mean hospitals will only hire the less educated, and therefore, less expensive nurses?

c. What will be the cost to individuals for higher education?

2. LPNs like job they have - want to retain role at bedside; do not want nurses to lose touch with the patient.

3. Concern about "grandfathering" and "waivering":

   a. Want to retain current license but generally don't want to be waivered, i.e., given something they didn't earn.

   b. Want programs readily available for furthering their education.

   c. Want provisions made to help them utilize educational programs:

      - Tuition reimbursement

      - Flexible Programs to accommodate working nurse.

      - Programs available close to home or work.

   d. Fear a change in job descriptions, despite a grandfather clause.

4. Baccalaureate RNs need more clinical experience:

   a. Internships

   b. Externships

   c. Additional time within education curriculum

d. Orientation

5. Diploma RNs want recognition for clinical experience in working towards BSN.

6. Is there enough time to pull nurses together before legislation is proposed?

7. What is wrong with the system we have now?

APPENDIX TWO

INTERIM REPORT OF THE BACCALAUREATE COMMITTEE

I. Introduction

The International Council of Nurses describe the functions of nursing in their Code of Ethics:

> "Nurses minister to the sick, assume responsibility for creating a physical, social and spiritual environment which will be conducive to recovery, and stress the prevention of illness and promotion of health by teaching and example. They render health service to the individual, the family, and the community, and coordinate their services with members of other health professions. ..."[1]

This modern view of nursing can be traced back to Florence Nightingale in the latter part of the 19th Century. Miss Nightingale was recognized as an extremely intelligent, liberally educated woman of her times. By instituting changes in sanitation and nursing care Miss Nightingale reduced the mortality rate among wounded soldiers in the Crimean War from 50% to 2%. She maintained that nursing education should be independent from hospitals, that nursing constituted a substantial body of knowledge and skills and that nurses should be prepared to care for the sick in both hospitals and in homes. Furthermore, nursing should not be limited to the care of the sick alone but should encompass the teaching of good health practices to patients and families.

Many schools were developed with Nightingale philosophy but with the movement of health care into institutional settings there was also an enormous growth of hospital based nursing schools, the majority of which had not used the Nightingale philosophy in the development of their programs. This caused concern among many nursing leaders. As early as 1923 Goldmark in her classic report, Nursing and Nursing Education in the United States, drew attention to the inadequacies of hospital schools of nursing in the preparation of nurses for community health nursing. The report also urged for the movement of nursing education into universities and colleges. Both nurses and non-nurse authors have continued to write and document the need for a change in nursing education: Esther Lucille Brown (1948-1971), the Surgeon General's Consultant Group on Nursing (1963), Jerome P. Lysaught (1971); National Commission on Nursing (1981 and 1983), and the Institute of Medicine (1983).

In their Social Policy Statement the American Nurses' Association succinctly describes nursing:

> "Nursing is the diagnosis and treatment of human responses to actual or potential health problems."[2]

A professional is one who by virtue of his/her academic background has special skills to provide, has special knowledge in research and development of those skills, and has developed the aptitude and knowledge to continue intellectual pursuit of the chosen field - realizing that the base of knowledge is constantly expanding.

II. Existing Trends

A. Education

Two clear trends in education have become apparent in the last few decades. The first is that the educational level of the U.S. population as a whole has risen substantially. More students than ever complete high school and many students continue on in some type of formal education program after high school: trade schools, technical schools, community colleges and senior colleges all experienced a growth in number as well as student enrollment for many years. This has resulted in a much more knowledgeable consumer population. Americans are asking for more and better delivery of health care and are at the same time making an effort to take better care of themselves than ever before. A survey done in 1983 showed that 77% of American adults engaged in some kind of physical exercise or sport and that 47% do so daily.[3] It also showed that between 1965 and 1980 a significant number of Americans stopped smoking, reduced their alcohol consumption, were more nutrition conscious and made sure that they got at least seven hours of sleep a night.[4]

The second trend that is obvious is that professions are requiring higher educational standards for their practitioners. Most professions require at least a bachelor's degree and many require a master's or post graduate work and doctoral degrees. Nursing to date does not even require the minimum of a four year collegiate education and master's preparation in nursing has usually been considered the education for specialization.

B. Nursing Education

Though requirements for licensure have not changed in nursing there has been a significant shift towards higher education and advanced practice. The first kind of change that can be seen is "the dramatic shift from diploma graduates at older ages to those with associate and baccalaureate degrees at the younger end of the age range."[5]

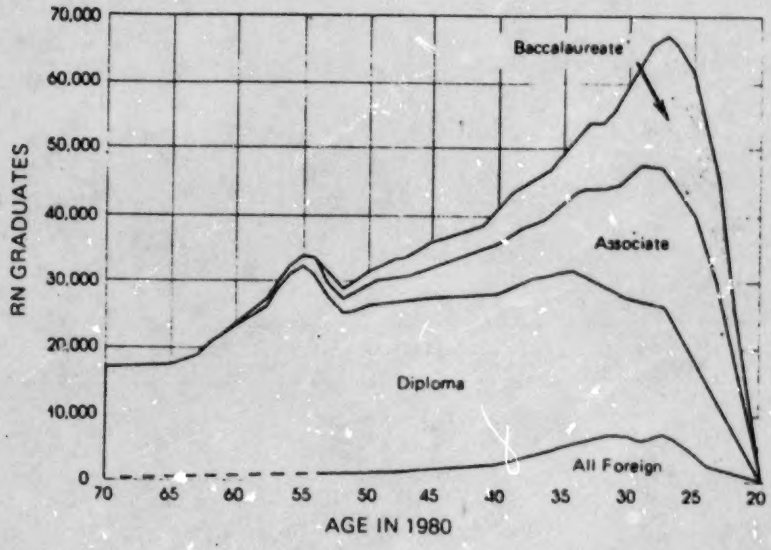

FIGURE 4 The 1980 population of nurses graduated from basic programs preparing for registered nurse licensure, by age.

In 1977 66% of the entire RN population listed the diploma as their highest nursing related education. Just three years later in 1980 only 55% of the RN population listed the diploma as their highest nursing related education.[6] The trend from 1960 - 1981 in graduates of programs preparing for registered nurse licensure has been a steady decline in diploma graduates and a steady increase in both associate and baccalaureate graduates.[7]

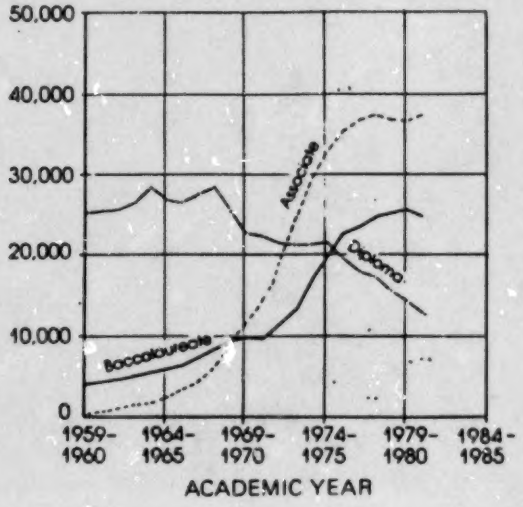

FIGURE 3 Trends in number of graduates of programs preparing for registered nurse licensure, 1960-1981.

1981 showed the first decrease in baccalaureate graduates in a ten year period (decline of 2.4%) although admissions were still rising by 3.2%[8] Proportionately the number of baccalaureate graduates between 1970 and 1981 grew steadily: from 1/5th the annual total in 1970 to 1/3 in 1981[9].

TABLE 6 Graduations From Basic Registered Nurse Programs, 1970, 1980, and 1981

	1970		1980		1981	
Program type	Number	Percent	Number	Percent	Number	Percent
Diploma	22,856	52.4	14,495	19.0	12,903	17.2
Associate	11,678	26.7	36,509	47.8	37,183	49.7
Baccalaureate	9,105	20.9	25,411	33.2	24,804	33.1
TOTAL	43,639	100.0	76,415	100.0	74,890	100.0

An interesting aspect of the shift in educational preparation was noted in the Institute of Medicine study: "Women having higher academic preparation participate in the labor force at a higher rate than do those with less education."[10]

There has also been an increase in the numbers of nurses returning to school in programs beyond their basic education. The 1980 National Sample Survey of Registered Nurses show that 167,230 RNs were enrolled in education programs beyond their initial nursing program. Seventy percent of these were seeking a bachelor's degree, 23% were seeking a master's degree, and 3.5% were seeking a doctoral degree. The great majority of these nurses were employed in nursing and attending school on a part-time basis.[11]

The shift in the type of position nurses hold is also an indicator of a change in educational preparation. Between 1977 and 1980

Clinical nurse specialists increased	129.0%
Nurse consultants increased	69.8%
Nurse practitioners/midwives increased	68.3%
Private duty nurses declined	22.0%[12]

C. Health care needs and intensity of care within a variety of settings.

Acute care hospitals have seen a rapid development in response to the advances in science and technology. Open heart surgery, kidney dialysis, organ transplants, neonatology are now standard services provided for patients in many large hospitals. Intensive care and/or critical care units with

telemetry/monitoring equipment are common even in community and rural hospitals. These units require nurses with advanced education and practice, both in technical skills and in the art of nursing total patient needs. At the same time hospitals are expanding their services to include more outpatient units, more rehabilitative care, more patient education programs and are even moving into realms previously known only to community agencies-- home health care and hospice care.

While services in hospitals expand and become more technical, cost containment factors become ever more critical. Hospitals must now make sure that patients receive the best care within prescribed time limits and budgetary limits. This has lead to an increase in the intensity of care being provided in nursing homes. Care that was previously only provided in acute hospitals is now being seen in many nursing homes. Patients with multiple health problems are now common in most nursing homes. Advanced techology, cost containment and changing demographics have all impacted on health care delivery in long term care facilities.

Presently 11% of the population in the United States is over the age of 65 and it is predicted that by the year 2000 this will increase to 22%. Of the 11% approximately 5% are cared for in a long term care facility because of needs too complex to be managed in their place of residence or because of insufficient community-based services required for home maintenance. For example, an older person experiencing multi-staged surgery may need a period of time in a long term care facility before returning to the hospital for the next surgical procedure. Interim care may include management of fluid/electrolyte problems, close monitoring of medications as well as skilled emotional support to cope with the stresses of surgery and changing locations. Other residents may be on chemotherapy programs that require close monitoring. With the advent of many drugs to promote cardiac functioning the elderly can be maintained in a facility which is "home" to them rather than be transferred to a hospital during an acute stage of a chronic problem.

Similarly, community health agencies have seen a very rapid growth. In 1980 the home health market represented $5.3 billion. It is expected to reach $9.1 billion by 1985 and an estimated $16.3 billion by 1990.[13] Influencing this growth has been the increasing aging population, the need to cut health care costs, the increased sophistication of treatment to allow for home use, and the increasing desire on the part of the American public to receive health care in their place of residence or work. Home care has been shown to be effective, popular and cost saving. "Blue Cross and Blue Shield of Maryland's Coordinated Home Care Program saved consumers an estimated $1.3 million in hospital costs in 1982... Since its

inception in 1973, the Coordinated Home Care Program has resulted in a total net savings of more than $6.3 million."[14] "... the average cost of care for ventilator dependent persons is $270,830 per person per year in a hospital versus $21,192 per person per year at home."[15] Aetna Life and Casualty Company estimated a $2.2 million savings by having catastrophic accident victims cared for at home as opposed to in a hospital.[16]

D. Practice

The change in demographics, in health care delivery, in technology and in scientific and sociologic knowledge have obviously brought about a change in nursing practice. As noted earlier many more nurses are entering specialty fields or advanced practice. "The capability of nurses to provide primary health care increasingly is being recognized, especially in underserved areas such as inner cities, rural areas, and in small hospitals."[17] "... a nurse practitioner/physican team delivering primary health care to the elderly reduced hospital days and the use of diagnostic and therapeutic procedures."[18] "Even with the anticipated future increases in physician supply, it is likely that NPs will be needed, especially to serve hard-to-reach populations, to facilitate new organizational arrangements for providing health care in cost effective ways, and to augment the quality and amount of care provided to the elderly in their own homes and in nursing homes."[19]

There is also a trend to primary care nursing within hospitals. In the public hearings held by the National Commission on Nursing, primary care was perceived as the mode of health care delivery that is the most satisfying for patients, nurses and physicians. At the same time primary care nursing was shown to improve the quality of patient care, promote earlier patient discharges and to produce similar or lower costs than other models of nursing care.[20]

Rules and regulations from various accrediting bodies are requiring higher standards of nursing practice or education. J.C.A.H. requires that nursing care plans written by RNs be initiated within 24 hours of admission to a hospital. Evidence of patient teaching and discharge planning must be shown in nursing care plans. Faculty members in schools of nursing preparing registered nurses must now have a Masters in Nursing degree.

While these external forces are mandating increased standards, nursing is also adhering to its long-standing premise of treating the total patient. There is an increased recognition that there is more to health than a mere absence of illness and that there may be much more to illness than the presenting medical diagnosis. Interrelating needs, total patient care, accountability and responsibility are themes seen throughout nursing literature. Health education and wellness programs are

frequently administered and staffed by nurses: stress management, exercise, nutrition, weight control, drug abuse, alcoholism and family planning are all programs frequently taught by nurses.

Collaborative practice is a growing trend in nursing practice. Health care is now so complex that patients needs are often met by a host of disciplines. Nurses must collaborate with other nurses both within the hospital and in a wide variety of community agencies and extended care facilities. They must collaborate with physicians, with other health professionals and on quality assurance programs and utilization review boards. "Effective RN relationships with physicians, with other health providers, and with support staff play a large part in determining the productivity and efficiency of services."[21]

III. Knowledge and Skills

Knowledge and skills needed to meet the changes and demands of professional practice must take into account levels of proficiency, that is increments in skilled performance based upon clinical experience in all levels of nursing education, basic and continuing education.

"The issues facing nursing today and the dynamic nature of nursing practice make it imperative for nursing education to develop a clinical base of experience for baccalaureate students which is responsible to the social context of nursing."[22]

....A clearly defined system of nursing education, a strong emphasis on clinical preparation, and quality continuing education based on this foundation are necessary to ensure that quality patient care is maintained in the rapidly changing health care environment.[23]

"The clinical area has been considered to be the heart of nursing education because it is here where the problem solving abilities of students are developed and internalized."[24]

A survey by one baccalaureate program in Ill. showed that "the graduates felt that the curriculum should include greater number of clinical hours with more opportunities to refine those skills expected by the employer in the acute care setting."[25]

To implement high quality patient care and to meet the needs of the future it is clear that nursing must rise to meet the challenge. It must be able to recruit gifted high school graduates who are currently being attracted to such fields as business, law, medicine and engineering." ... clear directions for nursing education should foster recruitment of students into nursing. Because societal values promote careers for women, nursing must develop an educational system commensurate with the system of higher education in the United States."[26]

Consideration must also be given to provide financial aid to qualified prospective nursing students so that they will continue to have the opportunity to enter nursing education programs in colleges and universities in numbers sufficient to maintain the necessary aggregate supply. In the past monies for loans and scholarships have been particularly valuable for disadvantaged and financially distressed students, especially minority students and for R.N.s who choose to complete baccalaureate programs.

Education costs have risen rapidly over the past few years and increases are projected to continue. Nursing students, who are predominantly women, finance their tuition and living costs from a combination of sources: the very limited funding remaining under the Nurse Training Act scholarship and loan program: general federal programs of financial aid for all postsecondary students; state and collegiate grant programs; and personal and family savings. Nursing students tend to come from families with moderate incomes or to count heavily on their own resources to finance their education. They bear the cost without the assurance of earnings comparable to those students in other fields who make similar educational investments.

"Nursing education must supply the nation with RNs prepared for a wide range of roles and responsibilities: providing direct care to patients in hospitals, nursing homes, and patient's homes; helping to safeguard the health of community and school populations; assisting with ambulatory care of individuals and families; nursing services at both middle and top management levels; conducting research; and providing professional and educational leadership to the profession."[27]

While 20% of the nations 1.3 million employed nurses are engaged in nursing service management, education, or leadership in special areas of clinical nursing practice[28] a very small proportion of these nursing leaders have the education commensurate with their field of practice. "Only 5.1% of the nurse population has more than a baccalaureate degree."[29] Of the roughly 60,000 nurses who hold administrator and assistant administrator positions

47.0% are diploma graduates
9.4% are associate degree graduates
23.0% are baccalaureate graduates
18.0% have a master's degree
1.4% have a doctoral degree[30]

Of the 88,000 RNs who hold the position of head nurse or assistant head nurse[31] only 22% have a baccalaureate and 1.5% have a masters.

Nursing educators fare no better. Of the 20,000 full-time nursing faculty in 1980, only 7 percent held a doctoral degree; 68 percent had a masters degree."[32] In a National Science Foundation Study of schools offering doctoral as well as other degrees-- more than 90% of the faculty held doctorates. "By comparison, in the 22 nursing schools which enrolled nursing doctoral students in 1981-82, an average of only 35% of the faculty had doctoral preparation."[33]

"The most rapidly growing segment of the population-- the elderly-- is a group particularly in need of the many services that nurses can provide ... Their needs range from preventive, acute care, and rehabilitation services that help them maintain maximum independent functioning as long as possible, to care that eases the course of terminal illness and its impact on both patients and family."[34]

"Patients who have an extended length of stay and are therefore costly, more often reflect nursing needs rather than medical needs. Primary concerns become the development of community and family support systems, teaching, counseling, and functional ability and self-care. The fact that so many of these costly patients are nursing-intensive and that, on the whole, all patients will display a greater level of acuity predicts that more nursing manpower will be needed to do the job for the same daily census patients."[35]

The literature repeatedly documents the need for highly qualified nurses from staff nursing through all levels of management, education and research.

"The ability of the nurse administrator to succeed in shaping staff nurses' participation in patient care was viewed as directly dependent on the nurse administrator's ability to work cooperatively on a professional basis with the hospital administrative staff and medical staff."[36]

"To participate effectively in executive management, it generally was agreed that master's level preparation is essential. The nurse manager's role was presented in testimony as a complex and demanding role that requires strong leadership skills, fiscal management, creativity, and an understanding of nursing care and business administration. The shortage of nurse managers prepared by education to manage the increasing responsibilities of the management unit, was presented as a major problem in both testimony and in the literature."[37]

"To replenish or increase the size of the pool of RNs with advanced education requires first that there be an adequate pool of RNs with baccalaureate degrees eligible to enter advanced degree programs."[38]

"The committee heard testimony expressing deep concern about the current and future level of nursing research to improve patient care. Data supports the contentions that the nursing profession's capacity to undertake research is hampered by insufficient support both for the education of qualified researchers and for current work in research."[39]

IV. Summary

As health care becomes more scientifically complex and sophisticated; as governmental influence becomes more intrusive; as the economics of health care delivery becomes more entangled and as the managers of the major portion of the clinical and institutional scene of health care (the nursing profession) are faced with more decision-making and interaction with professionals both within and outside health care delivery, it is clear that nurses must be provided the skills and academic background to survive as equals.

SUMMARY

After considerable search of the literature and review of reports compiled by individual committee members, the following summary of findings is offered.

I. Educational trends in society show that

---society at large is better-educated

---educational preparation of most professionals require at least a Master's degree

---there is a gradual increase in the number of B.S.N. graduates and a steady increase in the number of nurses returning to school beyond their basic education.

II. Professional nursing is increasingly recognized as having a social responsibility to serve society's interest in the area of health.

---society has a right to expect that the educational level of the professional nurse is at least at the level of other health professionals.

---the profession is obligated to develop standards for knowledge development in clinical nursing practice and theory.

---society has a right to expect quality patient care from nurses.

---focus on effective use of health care monies necessitates the readiness of the staff nurse to participate in patient care decisions under the nurse administrator who is skilled in collaborating with hospital administrator and medical staff.

III. Advances in science and technology have brought about a change in nursing practice.

---a growing aged population with a wide range of intensity of care.

---increased number and variety of health care delivery settings beyond the traditional acute care hospital, e.g., home-health care; hospice; intermediate, extended, skilled, and other long-term care facilities. Because these settings provide less close direct supervision, they require a practitioner educationally prepared to function more independently in the community and collaboratively with other health professionals.

---a constantly expanding base of knowledge and scientific advancement that calls for a professional nurse who has the aptitude, interest, and knowledge to engage in research.

IV. Higher education, and nursing education in particular is entering a period in which resources will be more constrained than in the past.

---in the face of rising costs of education, students should,

1. be given adequate information about the changes occurring within the health care system as well as within the profession.

2. receive strong advisement and counseling regarding cost considerations as well as educational goals; considerations that carry long-term consequences for entry level and advanced practice in nursing.

---Documentation provided through the several state forums indicated an urgent need for financial assistance to enable interested registered nurses to pursue their education and career goals.

RECOMMENDATIONS AND CONCLUSIONS

Based on these summary statements, the committee believes that:

1) Nurses need a strong foundation in clinical nursing plus the science and humanities background to enable them to understand the technology they work with, the nursing process that guides them, and the complexity of the client they are educated to assist in the preservation, promotion, or provision of personal health needs.

2) In further recognition of the social responsibility of nursing to meet the clinical needs of clients, provisions should be made in nursing education for baccalaureate students to develop both strong clinical skills and the intellectual ability to internalize the process of clinical decision-making so that the graduate is able to transfer hypothetical knowledge into specific clinical judgment, and is therefore competent to practice.

3) Consideration should be given to the use of joint appointments for nursing faculty/nursing service so that a teaching/practice/research environment is created where nursing theory and clinical practice can enrich each other for the mutual benefit of students, faculty, and patients.

Therefore, the committee recommends that:

1) baccalaureate education in nursing is the requirement for beginning practice

2) certification and/or masters education in nursing is a requirement for advanced practice

3) public and private institutions seek state and federal resources for nursing education to better meet the health needs of Maine people

4) a mode of nursing care delivery system be developed that takes into account, recognition, retention and reward of the nurse in a position of direct clinical practice based on levels of proficiency and experience as well as education

All committee members support these recommendations except one member who felt that baccalaureate education was a desirable goal.

We have attempted to address the issues that may influence curriculum directions at the baccalaureate level in the future, and some of the issues from the health care/practice perspective.

We believe that nursing will not progress until we begin to support one another within our own profession - we must work to be truly collegial with one another first. In addition, our students and the public are watching us.

We welcome feedback from our colleagues.

FOOTNOTES

[1]The New Encyclopedia Britannica, Vol. 13, (Chicago: Encyclopedia Britannica, Inc., 1981), p. #395.

[2]American Nurses' Association, Nursing - A Social Policy Statement, (Kansas City, MO: American Nurses' Association, 1980), p. #9.

[3]Ronald Schiller, "The Great American Health Kick", Readers' Digest, Vol. 125, No. 747, (July 1984), p. #171.

[4]Ibid, p. #173.

[5]Division of Health Care Services, Institute of Medicine, Nursing and Nursing Education: Public Policies and Private Action, (Washington, D.C.: National Academy Press, 1983), p. #53.

[6]Richard C. McKibbin, Economic and Employment Issues in Nursing Education, (Kansas City, MO: American Nurses' Association, 1983), p. #9.

[7]Division of Health Care Services, Institute of Medicine, op. cit., p. #36.

[8]American Nurses' Association, Facts About Nursing 82-83, (Kansas City, MO: American Nurses' Association, 1983), p. #121.

[9]Division of Health Care Services, Institute of Medicine, op. cit., p. #55.

[10]Ibid., p. #54.

[11]American Nurses' Association, Facts About Nursing 82-83, op. cit., pp. #166-167.

[12]Richard C. McKibbin, op. cit., p. #9.

[13]"Rapid Growth in Home Health Care Creates Opportunities for Nurses", Nursing and Health Care, Vol. 5, No. 5, (May 1984).

[14]Irwin Wolkstein, "Cost Effective Home Care", Caring, (May 1984), p. #63.

[15]Ibid., p. #58.

[16]Ibid., p. #65.

[17]National Commission on Nursing, Initial Report and Preliminary Recommendation, (Chicago, IL, 1981), p. #58.

[18]Division of Health Care Services, Institute of Medicine, op. cit., p. #179.

[19]Ibid., p. #181.

[20]Ibid., p. #20.

[21]Ibid, p. #26.

[22]Eileen Haukenes, R.N., M.S.N. and Mary Hollahan Mundt, R.N., M.S., "The Selection of Clinical Learning Experiences in the Nursing Curriculum," Journal Nursing Education, (November 1983), p. #375.

[23]National Commission on Nursing, Summary Report and Recommendations, (Chicago, IL, 1983), p. #16.

[24]Amerfil Manongdo Wang, R.N., Ed.D. and Phyllis Blumberg, Ph.D., "A Study of Interaction Techniques of Nursing Faculty in the Clinical Area," Journal Nursing Education, (April, 1983), p. #149.

[25]Roberta K. Olson, R.N., M.S.N., et. al., "The Effects of an Undergraduate Internship on the Self Concept and Professional Role Mastery of Baccalaureate Nursing Students," Journal Nursing Education, (March, 1984), p. #105.

[26]National Commission on Nursing, op. cit., p. #41.

[27]Division of Health Care Services, Institute of Medicine, op. cit., p. #24.

[28]Ibid., p. #1.

[29]Barbara Donaho, R.N., M.A., Survival of the Fittest: A Management Challenge for Nursing, Pub. No. 52-1904, (New York, New York: National League for Nursing, 1982), p. #2.

[30]Ibid., p. #2.

[31]Ibid., p. #3.

[32]Division of Health Care Services, Institute of Medicine, op. cit., p. #136.

[33]Ibid.

[34]Division of Health Care Services, Institute of Medicine, op. cit., p. #172.

[35]Lucille A. Joel, "DRG's: The State of the Art of Reimbursement for Nursing Services", Nursing and Health Care, 4 No. 10, (December, 1983), p. #563.

[36]National Commission on Nursing, op. cit., p. #13.

[37]Ibid., p. #18.

[38]Division of Health Care Services, op. cit., p. #136.

[39]Ibid., p. #215.

APPENDIX THREE

INTERIM REPORT OF THE COMPETENCIES AND TITLING COMMITTEE

When people with diverse opinions and backgrounds are brought together and asked to agree on a set of competencies for entry level nurses, there is an enormous amount of discussion involved. Some of it heated. Some of it productive. All of it valuable.

The competency committee itself has evolved, grown, faltered and grown because of it. It would be exceedingly lengthy and difficult to reproduce all arguments and every side of every issue, so I will have to be content with listing our final recommendations and presenting our competencies for review.

It is strongly recommended that these competencies be reviewed by larger, broader based groups, especially comprised of nursing service and nursing education.

It is recommended that entry level to professional nursing be the BSN. It is felt that current BSN programs can be improved and standardized to meet some shortcomings, especially in the clinical practice areas.

There is some feeling amongst us that there is only one body of knowledge that is nursing and that there should only be one level of nursing ideally. Economics seem to dictate the necessity of a lesser educated nursing level, thus we recommend a second level of nursing educated to the ADN level.

We looked at current competencies: LPN, AD, Diploma, BSN and attempted to cull the aspects of each which, combined, would produce our ideal graduate nurse. We expect these competencies will require adaptation in educational curriculum and service job descriptions.

We have attempted to make the delineation in the scopes of each levels' practice very clear. Each level is able to practice independently in some areas but the professional nurse is expected to take increased responsibilty for research interpretation, community health, assessment and care planning, leadership and advocacy. We feel it is imperative that one level be able to articulate with the next to allow career mobility.

At our final meeting as the Competency and Titling Committee, we agreed to propose the continuation of the current titles in use "RN" and "LPN". The public is familar with these titles and their roles, we would return to actually having 2 levels of nursing and this task force could concentrate on proposing an upgrading of current levels rather than spending

energy or lose support fighting for new titles. We feel continuity of titles may lessen the stress and resistance felt by those nurses already in the practice of nursing at either level.

Respectfully submitted:

Laurie Caton-Lemos, RN
Chairperson
Competencies and Titling

COMPETENCIES

2 Year Graduate	4 Year Graduate
I. Role and Function in the Discipline of Nursing	
A. Functions within a structured health care setting with established protocols. B. Functions within the legal boundaries and ethical framework consistent with the scope of practice. C. Responsible and accountable for a limited scope of nursing practice dealing with well defined common and recurring health care problems. D. Assumes responsibility for continued learning as a means of growth, development, and maintenance of competence within the scope of practice. E Assesses own performance using established criteria and participates in quality assurance programs F. Works within established policy and procedures of employing agency, recognizing and reporting policies and procedures that impede client care. G. Aware of the impact of structure and regulations that affect nursing and participates in activities to improve these systems.	A. Functions within structured health care settings and various community settings. B. Bases practice on the legal boundaries and ethical frameworks within the scope of professional practice. C. Responsible and accountable for the individual, as well as the delegated, scope of nursing practice. D. Assumes responsibility for continued learning as a means of growth, development and maintenance of competence within the scope of professional practice. E. Evaluates own performance and participates in evaluation of nursing practice through quality assurance programs. F. Works within established policy and procedure of employing agency. Recognizes policies and protocols that may impede client care and works within the organizational framework to initiate change. G. Aware of the impact of structures and regulations that affect nursing and participates in activities to improve these systems. H. Serves as a role model within the context of professional nursing practice.
II Nursing Process	
A. Assessment 1. Contributes to the identification of basic physical, emotional and cultural needs of the client. 2. Identifies and documents significant observations of the client and communicates these to the professional nurse.	A. Assessment 1. Assesses the health status and health potential of individuals, families and communities. 2. Collects and establishes a data base (physiological, pyschosocial, cultural and spiritual needs) from client, family, medical records, and other health team members. 3. Identifies, documents and communicates health status which interferes with the client's ability to meet basic needs. 4. Establishes a nursing diagnosis based on client needs.

2 Year Graduate	4 Year Graduate
B. Planning 1. Contributes to the development of nursing care plans.	B. Planning 1 Develops individualized nursing care plans based on the nursing diagnosis. 2. Involves the client, family and significant others in the development of the nursing care plan. 3. Identifies criteria for evaluation of individualized care plans. 4. Utilizes nursing theory as a basis for making decisions on nursing practice. 5. Identifies needs and establishes priorities for care with recognition of client's level of development and needs, and with consideration of client's relationship within a family, group and community 6. Participates in the identification of community health needs and assists in establishing protocols for groups of clients with similar health problems.
C Implementation 1. Safely performs basic therapeutic and preventative nursing procedures, incorporating fundamental biological and psychological principles in giving individualized care. 2 Uses knowledge, skills, and established protocols to provide an environment conducive to optimum restoration and maintenance of client's normal ability to meet basic human needs. Maintains and promotes: -respiratory function -nutritional status -elimination -balance of activity, rest &sleep -environment which supports physiological functioning, comfort and relief of pain -all aspects of hygiene -physical safety -psychological safety through consideration of each individuals worth and dignity and applies nursing measures to assist in reducing common developmental and situational stress.	C. Implementation 1 Implements nursing care with individuals, families and community. 2 Carries out individualized plans of care according to priority of needs and established nursing protocols. 3. Participates in the prescribed medical regime by preparing, assisting and providing follow-up care to clients undergoing diagnostic and/or therapeutic procedures. 4. Synthesizes knowledge and skills in the provision of an environment conducive to optimum restoration and maintenance of client's normal ability to meet basic human needs. Maintains and promotes: -respiratory function -nutritional status -elimination -balance of activity, rest & sleep -environment which supports physiological functioning, comfort and relief of pain -allaspects of hygeine -physical safety -psychological safety through consideration of each individual's worth and dignity, and applies nursing measures to assist in reducing common developmental and situational stress.

2 Year Graduate	4 Year Graduate
C. Implementation (cont'd) Measures physiological functioning and reports significant findings. Administers prescribed medication safely. D. Evaluation 1. Uses established criteria for evaluation of individualized nursing care. 2. Evaluates care given and seeks guidance in modifying the plan of care.	C. Implementation (cont'd) Measures physiological functioning and reports significant findings. Administers prescribed medication safely. D. Evaluation 1. Participates with clients, families and significant others in evaluating responses of clients and groups to nursing care plans. 2. Identifies alternate methods of meeting clients needs; modifies plans of care as necessary and documents changes.
III. Patient Teaching and Counseling	
A. Identifies patient's needs for information and the resources available for meeting need B. Collaborates with professional nurse on the development of individualized teaching plans. C Provides standardized information and implements assigned portion of teaching. D. Recognizes and reports learner response to teaching.	A. Assesses the health status and health potential of individuals, families and groups. B. Determines learning needs of individuals and groups to promote high level wellness. C. Develops individualized teaching plans. D. Applies individual and group teaching methods. E. Evaluates teaching process and documents learning outcome. F. Assesses counseling needs of individuals and groups. G. Provides health counseling for individuals and groups. H. Participates and collaborates in teaching plans and counseling programs developed by other health professionals.
IV. Communication and Collaboration	
A. Assesses verbal and nonverbal communication of clients based upon knowledge and techniques of interpersonal communication. B Uses lines of authority and communication within the work setting. C. Uses communication skills as a method of data collection, nursing intervention and evaluation of care. D. Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly E. Establishes and maintains effective communication with clients and health team members.	A. Analyzes overt and covert verbal and nonverbal communication of individuals clients, families, and groups. B. Incorporates interviewing techniques and communication skills in data collection, intervention, and evaluation of care. C Establishes and maintains communication with individual clients, families, groups and health team members. D Establishes and monitors the use of protocols for communicating and recording assessments, nursing care plans, implementation and evaluations. E Evaluates and makes provisions for the improvement of communication patterns for self, clients and colleagues.

2 Year Graduate	4 Year Graduate
IV. Communication and Collaboration (cont'd)	
F. Assists professional nurse by communicating clients needs through the appropriate use of referrals. G. Evaluates effectiveness of one's own communication with clients, colleagues, and others.	F. Determines appropriate community referrals based upon the clients needs.
V. Leadership and Advocacy	
A. Acts within established nursing protocols and directs nursing care of assigned clients. B. Recognizes formal organizational patterns and utilizes appropriate channels of communication. C. Accepts responsibility for carrying out established policies and procedures. D. Consults with the professional nurse regarding individual rights of the client.	A. Accepts leadership responsibility for nursing care of the client. B. Possesses theoretical background to participate in the development of nursing policies and procedures. C. Understands and uses basic strategies needed to initiate change. D. Serves as the client advocate.
VI. Research	
A. Demonstrates awareness of the value and relevance of research in nursing. B. Assists in identifying problem areas in nursing practice. C. Assists in collection of data within an established structured format.	A. Reads, interprets and evaluates research for applicability to nursing practice. B. Identifies nursing problems that need to be investigated and participates in scientific studies. C. Uses nursing practice as a means of gathering data for refining and expanding standards of practice.

APPENDIX FOUR

INTERIM REPORT OF THE LICENSING AND CREDENTIALING COMMITTEE

The subcommittee on Licensing and Credentialing has identified its task as:

a. Describing the scope and level of nursing practice as defined by the licensure process.

b. Recommending future licensing/credentialing process for nurses in the State of Maine.

The deliberations of this subcommittee are based upon three assumptions:

1. Nursing practice in the State of Maine is legally defined by Law Regulating the Practice of Nursing.

2. The above law is written for the purpose of protection of the public.

3. The above law defines licensure of nurses primarily through an examination process which is intended to insure the possession of knowledge necessary to practice safely and effectively at the entry level. More advanced practice is recognized through other professional activities and is not currently defined by separate licensure.

LEVELS OF ENTRY

After careful deliberation based upon these assumptions, this subcommittee has agreed that future nursing practice will demand an increased knowledge base for safe and effective nursing practice. In order to insure the safety of the public as intended by the law, this subcommittee recommends that future licensure exams be administered to nurses educated at one of two levels:

1. the associate degree in nursing

2. the bachelor degree in nursing

At the point that a legislation change became effective, no nurse graduating with less than an associate degree in nursing would be granted licensure in the State of Maine. The existing license for practical nurses would no longer be issued. Nurses educated at the level of the associate degree in nursing would be licensed at the basic level of nursing practice. Nurses educated at the bachelor in nursing level would be licensed at the advanced level of nursing practice.

EXAMINATION REQUIREMENTS

It is this subcommittee's recommendation that, after the effective date of new legislation, all graduates of nursing programs would sit for an examination that tested a common core of basic knowledge that is comparable to the present NCLEX-RN exam. While the already existing NCLEX-RN exam was prepared to measure direct application of knowledge of the entry level practitioner and to judge minimal competencies its basic core does not examine the advanced preparation of the BSN graduate.

It is further recommended that baccalaureate graduates in nursing will be required to complete additional testing. This test content will focus on nursing theory, community health nursing principles, leadership skills and research methodology. This testing is intended to differentiate levels of knowledge characterizing baccalaureate nursing preparation from associate degree nursing preparation. The assurance of this differentiation in basic nursing preparation will be predicated on curricula meeting legal standards for educational programs in nursing.

This subcommittee recommends that the National Council of State Boards:

1. Develop and use a test appropriate to examining the common core of nursing knowledge.

2. Develop additional testing for the advanced level of nursing.

Our subcommittee recognizes the need to address interstate mobility of registered professional nurses into the State of Maine.

We recommend that the Maine State Board of Nursing create and implement a mechanism to accomplish this mobility.

GRANDFATHERING

This subcommittee recommends that:

1. Individuals who hold a registered professional nurse license, whether active, inactive or lapsed, shall retain said license under a "Grandfathering" provision.

2. Individuals who hold a practical nurse license, whether active, inactive or lapsed, shall retain said license under a "Grandfathering" provision.

Once an individual has been duly licensed in accordance with existing laws, said licensure cannot be revoked or changed because of new amendments to the law.

MOTION FOR JOINT RECOMMENDATION

We support the achievement of two levels of nursing practice in the State of Maine by 1990. The two levels will be educated at the BSN and ADN levels and will be defined by two sets of basic competencies. These competencies will need further development by nursing education and nursing service. We further recommend the development of a time line which defines sets of tasks and activities for achievement at specific points in time and that the MSNA continue to support the achievement of this goal.

Passed unanimously at a joint meeting of the Licensing and Credentialing Committee and the Competencies and Titling Committee on August 9.

APPENDIX FIVE

INTERIM REPORT OF THE CAREER MOBILITY COMMITTEE

Objectives Primary

I. What is currently available in Maine for educational mobility.

II. What changes are needed to improve mobility and to make it more accessible.

III. Finanical Aid for Education.

IV. Waiver for currently licensed nurses in Maine.

I. Currently Available Nursing Programs in Maine

A. Masters

1. University of Southern Maine, Portland

B. Baccalaureate

1. Husson College/Eastern Maine Medical Center, Bangor

2. Saint Joseph's College, North Windham

3. University of Southern Maine, Portland, Orono, Fort Kent

C. Upward Mobility RN to BSN

1. Husson College/Eastern MMC

2. University of New England, Biddeford

3. Westbrook College, Portland

D. Associate Degree

1. Central Maine Medical Center School of Nursing, Lewiston

2. University of Maine at Augusta, Augusta

3. University of Maine at Presque Isle, (Extension of UMA)

4. Westbrook College, Portland

E. Upgrade Programs: LPN to ADN

1. Kennebec Valley Vocational Technical Institute Waterville

2. Northern Maine Vocational Technical Institute Presque Isle

F. Diploma RN

1. Mercy Hospital School of Nursing in Portland

2. St. Joseph School of Diploma Nursing (2 year career mobility LPN to RN)

3. St. Mary's General Hospital School of Nursing in Lewiston

G. Practical Nursing

1. Central Maine Vocational Technical Institute, Auburn

2. Eastern Maine Vocational Technical Institute, Bangor

3. Kennebec Valley Vocational Technical Institute, Waterville

4. Northern Maine Vocational Technical Institute, Presque Isle

5. Southern Maine Vocational Technical Institute, South Portland

H. Course Challenge options for licensed nurses available in all associate and baccalaureate programs.

Discussion of Committee

1. Also reviewed geographical location of RN/LPN in Maine in regards to their ratio to population by county using the "Survey from Maine Population Projection" and the "Maine Health Data Profiles". Consideration to protect rural areas from educational and service deprivation through possible flexible and non-traditional programs.

2. Looked at where groups of RNs/LPNs are vs. where the available programs are. There are no BSN programs between Portland area and Bangor area. The only Master's program is in Portland.

3. Looked at Dr. Audrey J. Conley's (Dean of School of Nursing at University) report on possible Career Mobility Models in which she identified four basic models as defined by the National League for Nursing in its Open Curriculum Project:

a. Programs designed to admit the previously licensed student to build on his prior level of nursing, i.e. LPN, ADN, Diploma RN.

b. Programs designed to admit the student with past education/experience in nursing on health related programs with advanced standing into a regular basic nursing program. Such advanced standing is achieved by transfer or credit examination.

c. Career Ladder Programs - student is admitted to specially designed program which prepares for multiple exit credentialing.

d. External Degree Programs - student is awarded a degree or certificate on the basis of successful demonstration of acquired knowledge rather than attendance and completion of particular programs.

4. Discussed the individual needs of the adult learner, the working nurse and the nurse with family obligations.

5. Looked at the Maine Occupational Informational Coordinating Committee Data. There is a projected need for RNs in 1980 through 1990 of about 540 openings on an annual/average basis

209 of these will be due to growth; new jobs

331 of these will be due to replacement, i.e., nurses leaving the job market, not turnover

There is a projected need for LPNs in 1980 through 1990 of about 229 openings on an annual/average basis

87 of these will be due to growth; new jobs

142 of these will be due to replacement, i.e., nurses leaving the job market, not turnover

These figures were compared with the annual graduations from Maine schools and the number of licenses issued by the Board of Nursing. The conclusion drawn was that there is no shortage of nurses in the State of Maine.

Number of BSN graduates	137
Number of RN/BSN students	197-247
Number of ADN graduates	241
Number of diploma graduates	77
Number of LPN graduates	173
Number of RNs licensed by examination, endorsement or reinstatement	1250
Number of LPNs licensed by examination, endorsement or reinstatement	558

II. Changes Needed to Improve Mobility and to Make it More Accessible - Discussion

1. Discussed concerns of Maine Nurses as reflected in the Statewide Forums in regards to Career Mobility, i.e.

a. Nurses wanted programs readily available for furthering their education that were flexible, accommodating working nurses and were close to home and work. Wanted upward mobility programs in all areas where needed.

b. Nurses wanted provisions made to help with tuition reimbursement.

c. Nurses wanted standardization of BSN courses in the various colleges and more similarity in curriculum.

2. The Committee discussed the problems of standardizing curriculum in various nursing programs. It was found that most schools have a limit on the number of credits that may be transferred and that students usually lose some credits due to the non-interchangeability of certain courses between different institutions. There was concern by some Committee members for the uniqueness of nursing education and the complexity of developing a program which is financially feasible, educationally sound and geographically available to all.

3. Also, there was concern by some Committee members that not all opportunities now available are being used by current RN potential student populations.

4. Discussed the possible expansion at the VTI level for upgrading LPNs to ADN level. The Commission Report on the Status of Education in Maine addressed the problem of "unnecessary conflict and competition, with potential duplication and waste" between University and Vocational education. The report stated the need for clear delineation of responsibilities.

5. The Committee felt there was a need to confirm and strengthen the current opportunities for nursing education and to recommend additional opportunities, i.e. possible need for BSN program in area between Portland and Bangor and need for another MSN program possibly in Bangor area to serve northern Maine.

6. Committee felt there was a need for more flexibility in current nursing programs to accommodate the needs of the adult learner and working nurse and to facilitate educational mobility, i.e. LPN to AD, ADN to BSN, Diploma RN to ADN or BSN.

7. Found that there has been an effort by most programs to be more flexible in meeting the needs of the non-traditional student.

III. Discussion on Financial Aid for Nursing Education

1. The Committee discussed various methods of obtaining financial aid on the Federal, State and individual university/institional level. In reviewing the financial aid provisions provided by various Maine institutions, it was found that there is a noticeable percentage of students requiring financial aide. *See enclosed information.

2. Some Maine hospitals also offer a percentage of tuition reimbursement. This however, is highly individualized.

3. There appears to be a need to educate Maine nurses on what financial aid is available for furthering their education.

IV. Waiver for Currently Licensed Nurses in Maine. Discussion.

1. Discussion as to the definition of "waiver". Also discussion as to need for possible "grandfathering."

2. Was concern for what happens to currently licensed LPNs and RNs if Maine legislates two levels of nursing. Once earned, license cannot be taken away. Discussed possibility of employer pressures to upgrade. Decide that 1) there already existed a lot of pressure for higher education in many positions (J.C.A.H.; B.O.N.; hospital rules and regulations), 2) job descriptions dictate this; not standards of licensure.

3. Decided to drop "waiver provisions" from sub-committee title.

Committee Conclusions

1. There has been an evolutionary progression of nursing education opportunities within the State over the last ten years, all of which are sound and in which we can take pride.

2. There is a perceived desire on the part of an unknown number of licensed nurses who wish to move upward to ADN or BSN level through formal education structures.

3. There must be opportunities for individual nurses to progress from one level of nursing practice to another. Flexible programs to accommodate the working nurse, and the nurse with family obligations are recommended.

4. There is expressed desire to have additional programs in underserved geographical locations, i.e., BSN program in area between Portland and Bangor; MSN program in Bangor area to

accommodate central and northern Maine. It is felt that another MSN program will better prepare Maine nurses in nursing administration and will prepare nurse educators to deal with the demand for BSNs and continuing education.

5. There is a need to confirm the current educational opportunities for nursing education and to strengthen the programs already available.

6. Need to expand to present VTIs for upgrading programs from LPN to ADN.

7. There is some reservation about the availability of essential resources (finances for institution and students, qualified faculty, clinical student placement) and even students with the resources to enroll.

8. There is general agreement that mistakes of the past are to be avoided and that any educational program established should meet state and national standards of excellence.

9. There should be some standardization of curriculum in various nursing programs to make the transferring of credits easier without sacrificing the individual uniqueness and quality of various nursing programs.

Financial Aide

I. University of Southern Maine

1. Pell Grants - Federally funded ($150-$1,800/academic year

2. (SEOG) Supplemental Educational Opportunity Grants - Federally funded $200-$2,000/academic year

3. University and Miscellaneous Scholarships - University and privately funded $100 - $2,000 (basis financial need)

4. Work Study - Funded by University and Federal $400 - $3,000/year, financial need basis

5. National Direct Student Loans - funded federal government, the university and former borrowers. No repayment until student ceases education. Once begins 5% simple interest, monthly pay. Loan - $200-$1,500/year

6. Nursing Student Loans - funded federal government and university and loans repaid. Repayment terms similar to those of the National Direct Student Loan

7. Guaranteed student and parent loans - sponsored by federal and state governments. Students secure low-cost loans (local bank, credit union)

8. Indian Scholarships/Tuition Waivers - pays tuition, mandatory fees, on-campus room. 1/4 North American Indian

II. University of New England - 66% need loans

1. University Undergraduate Grants - awards - academic achievement, character, leadership loan

2. University Undergraduate Scholarships and Awards - 2 scholarships/year to Maine resident (one York County, other Maine). Prerequisites: High school point average 3.5 or better, combined SAT scores of 1100 or higher, meet normal admission requirements, submit 2 or more recommendations from high school teachers and/or administrators. To be eligible for renewal - must maintain at least a 2.7 average.

3. Dr. George H. Berube Scholarships - Annual fund (academic excellence - athletic ability).

4. President's Scholarships - Each year, 12 academic scholarships $500 each. Awarded as tuition credits

5. Alumni Scholarships - Each year 3 academic scholarships $500 tuition credits based on scholastic achievement

6. Trustee's Distinguished Scholar Award - Each year $500 to senior with highest cumulative through January

7. Dean's Scholar Award - Each year $250 tuition credits. High point average.

8. State Programs

9. Bank Loans - Government insured loans repayable 9% annual interest after graduation

10. Federal Programs

    a. Pell Grant

    b. SEOG

    c. National Direct Student Loan - up to $1,250 per year. Repayable start 9 months. After over 10 years, 5% interest.

    d. Work Study

    e. Veterans Administration Benefits - qualify up to 36 months

III. Westbrook College - 80% need it.

A. Federal: Pell, SEOG, (NDSL) National Direct Student Loan, College Work Study, Nursing Loan

B. State: Scholarship from particular state

C. Westbrook Source - Nursing (Bingham Loan)

D. Westbrook Endowed Scholarships - income invested from donations and annual gifts

IV. St. Josephs College

A. Federal

1. Pell, SEOG, NDSL

2. Nurse Training Act Loan - 6% simple interest

3. College Work Study

APPENDIX SIX

INTERIM REPORT OF THE LEGISLATION AND LOBBYING COMMITTEE

Excerpts from a Memorandum of Law

Prepared by Charles J. Micoleau and Nancy Ziegler

of

Curtis, Thaxter, Lipez, Stevens, Broder and Micoleau

ISSUES

1. Can a change in minimum educational standards for licensure as a registered nurse in the State of Maine be accomplished by administrative action, without the necessity of amending existing law?

2. What effect will changes in minimum educational standards have on the ability of those nurses licensed under former 2-year programs, and on nurses licensed as RNs in other states, to practice in Maine?

CONCLUSION

Upgrading minimum educational standards to require that all registered nurses licensed in Maine complete an accredited 4-year program will require the amendment of existing law. Should the standards for licensure be changed, it would be necessary to statutorily provide a grandfather clause to insure that those nurses licensed as RNs under former 2-year programs continue to be qualified to practice in Maine. No change need be made in existing law to continue to provide reciprocity to registered nurses licensed in other states.

FACTS

Maine law now mandates, under 32 M.R.S.A. Section 2201(3), that all applicants for licensure as registered nurses complete at least two years of study in an educational program approved by the Maine State Board of Nursing. The Board is authorized by Section 2153 of the Act to promulgate rules and regulations necessary for the execution of the Act such as the implementation of educational programs and curricula to meet the qualification standards set by statute. Reciprocity to registered nurses from other states is provided under the endorsement section of the Act, Section 2205. While Section 2209 grandfathers those nurses licensed under the former Board of ReEgistration of Nurses to insure that they continue to be licensed, a change in educational standards to require completion of a 4-year

program would necessitate an additional grandfather clause to cover those registered nurses approved under 2-year programs.

DISCUSSION

1. Background

The Maine State Board of Nursing is a legislatively--created body and can only exercise the power that has been statutorily delegated to it. The Board is authorized to promulgate rules and regulations to effectuate policies and standards established by the Legislature for the practice of nursing. The Board cannot promulgate an administrative rule or regulation unless that authority has been expressly given to it by law, or unless such power is necessarily implied from the duties delegated to it by statute.

Completion of a 2-year program to qualify as a registered nurse in Maine is mandated by Statute under 32 M.R.S.A. Section 2201(3). (Note the use of the word "shall" in the statute, which connotes that the Board is required by law to promulgate the rule. The use of the word "may" usually indicates that enforcement of the rule is within the discretion of the Board.) Because this educational standard is mandated by statute, any change in the requirement to provide for completion of a 4-year program must be accomplished by amending the statute. The Board does not have the authority to administratively change this standard for qualification.

In addition to amending Section 2201(3), it will be necessary to provide a grandfather clause in the Act to insure that those licensed under 2-year programs continue to qualify as registered nurses. The current grandfather clause, Section 2209, which covers those RNs licensed by the former Board of Regiatration of Nurses could be used as a model for the new grandfather clause. No change would be necessary in the existing procedure under the endorsement section of the Act, Section 2205, to insure that reciprocity continue to be provided to out-of-state RNs who wish to be licensed in Maine.

Committee's Recommendations and Conclusions

32MRSA Sec. 2201(3)

All applicants for professional nursing licensure must have completed a baccalaureate degree level program as approved by the Maine State Board of Nursing.

32MRSA Sec. 2251(4)

All applicants for practical nursing licensure must have completed an associate degree level program as approved by the Maine State Board of Nursing.

All current holders of pracical nursing licenses and professional nurses are to retain their current status and be renewed as currently done.

All recognized agreements currently in force will be renewed by the State Board of Nursing on a regular basis.

APPENDIX SEVEN

INTERIM REPORT OF THE PUBLIC RELATIONS AND PRESS COMMITTEE

The sub-committee on Public Relations and Press chaired by Janice Moreshead has held five (5) meetings since March. Attendance has been good and output, especially at the last meeting, has been excellent.

Several items have been discussed at length during these sessions. How to get items to various sources is one of our prime objectives. We therefore indentified target groups whose values must be explored and identified if we are to successfully put across the entry level proposal. We feel it is essential to reach many groups if unity and general consensus are to be achieved.

We discussed the MSNA membership and whether now is the time for a membership drive. Some dissatisfaction with the MSNA seems to center on its political and union activities. There is a need to work for unity among the nursing ranks.

One member, Judy Cushman, did an outstanding job in organizing a project which was to have been held at the Bangor Mall in July. The purpose was to show a variety of nursing organizations and allow the groups to promote their unique aspects through the use of handouts, posters, photo displays, graphs, charts, etc. Each organization was to have been assigned a table. After all the hard work on Judy's part, the project was cancelled due to lack of interest. Among the reasons for the poor response may have been the fact that it is summer vacation and many of those visiting the mall are tourists who would not be interested in nursing in Maine. We also pondered whether some groups did not wish to attend a project sponsored by M.S.N.A. Many groups are against the bi-level entry issue. We hope that we can successfully try a similar project at a later date.

In the Augusta area, Mary Wescott of Kennebec Currents, an Augusta area cable station, has discussed airing a program featuring speakers from nursing.

Finally, in order to develop a brochure answering the most frequently asked questions on the M.S.N.A. proposal, we studied brochures from other states. The end result will be found in the sample brochure which is attached to the committee's printed report.

As your PR committee we stand ready to assist you when called upon.

Janice Moreshead

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